A Guardian's Guidebook to Community Residential Services

A publication of:
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This document was developed under grant CFDA93.779 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

Introduction

If you are reading this, you may be considering, or preparing for, a transition planning process for the person you represent as legal guardian. This process is designed to determine if a person can live in the community, and what that community living environment would need to look like in order for the person to be safe, happy and healthy. Determining what is possible, and what life in the community should look like for the person you represent, is no easy task. The purpose of this guidebook is to provide information about the variety of community residential options available to adults with developmental disabilities who relocate from State Centers.

Why We Created This Guide

We've had many conversations with guardians of people living in State Centers or other intermediate care facilities, where guardians assume, among other things, that people living in the community:

- Cannot receive 24 hour support if they need it.
- Do not have nurses and doctors available to them.
- Do not maintain healthy lifestyles including good diet, exercise, etc.
- Cannot find decent housing.

In fact, there are actually a variety of living arrangements available in the community where people are receiving what used to be considered "an institutional level of care." They are receiving sophisticated care for complex needs: care that mirrors the care they had received in the State Centers or other care facilities. In addition, they are able to live in a smaller, more individualized arrangement than the institution, with staff who can focus on them and meet their needs.

In this guide, you will find information about community residential providers and the three most common community residential living models. You will also find helpful planning questionnaires that can assist you in considering unique needs and preferences of the person you are guardian for. You can use the information from the questionnaires to help you choose from the different residential living models that exist. Our goal is to ensure that you know **there are choices, and you as the legal guardian, have the information and assistance needed to explore the options and make informed decisions**.

You may find it helpful to talk to others who have been through this process. If so, we at the Guardian Mentor Program are available to provide that kind of support. We know it can sometimes feel like a big, impersonal bureaucracy out there, so we are available to help you navigate through the process so you can act in the best interest of the person you represent. If you'd like to speak with a Guardian Mentor at any point, please contact us at 1-800-334-0095 or guardianmentors@juno.com

Your Role as a Guardian in the Transition Planning and Placement Decision-Making Process

You, as guardian, not only have a vital *legally sanctioned* role in the person's life—you also have an important and meaningful relationship with the person. What you believe matters. What you bring to the table matters. The fact that you represent the person's best interests matters! We want you to know that you can and should be involved in planning processes for the person you care about. You have a right and a voice that should be heard. Your knowledge of the person is very important in helping others involved to design a successful support arrangement, so you are serving the person's best interests by becoming involved in the process.

Sometimes guardians feel left out of the process. Sometimes they feel like they don't know as much as the service providers, so they feel they should take a back seat. Take a front seat! You have a long term, committed relationship with the person. You can help their voice be heard. You can help build the relationships and support system that will sustain them and ensure they have a happy and meaningful life, wherever they may reside.

COMMUNITY RESIDENTIAL OPTIONS

There are several models of community residential services available in the community. Some people think community residential services are group homes and nothing more, but in reality there are a variety of types of housing and staffing arrangements available to the person. This Guidebook is designed to help you learn about the different models. You, as the legal guardian, should be given an opportunity to explore these residential service options. By exploring the options, you will be able to compare the differences between the models and identify the model that may work best for the person you represent.

A. Some Basic Facts You Should Know About Community Residential Providers And Their Staff:

- Community direct care staff receive standardized training in the following areas: first aid; blood borne pathogens & universal precautions; confidentiality policies; laws and rules; record keeping and reporting; how to provide assistance and personal care in the most respectful manner; best practices in assisting people with the activities of daily living; and how to handle emergencies.

- Community direct care staff also receive additional training related to the particular people they are supporting, and their unique care and support needs. (E.g. administering specific medications; handling seizure disorders, providing for special dietary needs, physical transferring/repositioning, attending to specific skin conditions, handling emotional and behavioral issues, etc.)

- Community residential staff who will work with the person in the community usually have an opportunity to visit the State Center and spend time getting to know the person and learning first-hand how to provide special care and support to the person.

- Community direct care staff are usually directly supervised by a more experienced staff member working with them, or by a coordinator who is in direct contact with the care staff. With adult family homes, it is often the case that the owner of the home is also the primary direct care staff, which may increase the level of supervision and accountability that is required.

- Community residential providers must comply with the Department of Health & Family Services (DHFS) contract manuals relating to the level and type of care being provided.

- Community residential providers and staff are required to be approachable by guardians and to work with them to assess and resolve any issues or concerns that the provider or guardian may raise.

- Community direct care staff must pass criminal background checks. If the provider hires a family member, that person must also pass the criminal background check.

- Community residential providers must follow rules and regulations set up by Medicaid and Wisconsin's Department of Health and Family Services. Community residential providers are monitored by the same state agency that monitors the State Centers: the Bureau of Quality Assurance.

B. How to Choose the Community Living Option that is Right for the Person You Represent

Before we start describing the different community living options that are available, we want to say something about how you might best compare the available options and make the right choice for the person. Experience tells us it is best to start by thinking about the person *first*, rather than the place. ***In other words, start by considering what you know about the person, and what this tells you about the kind of living arrangement that would work best for them. Then, request this kind of arrangement once the considerations are known***.

To make this easier, we have created a series of one-page planning questionnaires covering each of the critical areas you should consider in determining what type of living arrangement you think will work best for the person.

After you've had a chance to complete these planning questionnaires, we will introduce the three most common community living options. We will help you understand how the models compare to each other, and the variety of ways these "general" models can be individualized and customized for specific people. By reviewing the three most common models, you should be able to determine which models seem to fit best with the requirements of the individual.

And finally, we will also provide you with guide sheets to use when you are visiting a potential living arrangement. These guides will help you understand what questions to ask, and what to look for when you make your visit.

C. Determining the Person's Housing and Support Needs

Seven Critical Areas to Consider:

1) Residential Staffing/Support Arrangements
2) Housemate Compatibility
3) Housing options
4) Location of the Home
5) Access to Medical & Dental Care, and Other Health-Related Services
6) Access to Community Life and Relationships that are Important to the Person
7) Other Important Considerations for the Person You Represent

The planning questionnaires to address each of these seven critical areas are on the following pages.

Also, attached are additional sections:

A checklist for evaluating potential community residential options.

A description of the three most common Residential Living Models.

Planning Questionnaire #1:
RESIDENTIAL STAFFING/SUPPORT ARRANGEMENTS

Twenty-four hour staffing and support is generally provided in three different ways.

1. Care and support is provided by an adult or an adult couple, in their own home, with back-up caregivers available when needed. {There are homes where children are part of the family, and there are homes where no children are involved.}

2. Care and support is provided by a residential agency's staff, who come into the home to provide support at all times when the residents are at home.

3. Care and support is provided by a residential agency's staff. One or two of the staff live in the home, and the rest come into the home to provide support when the residents are at home.

Questions to ask yourself to determine which staffing/support option might be best for the person:

1. Which of the following models do you think the person would prefer and respond best to?

_____ A. An adult or adult couple who opens their home and acts as caregivers (with back-up caregivers available when needed)?

_____ B. A family, including children, who opens their home and the parents act as caregivers (with back-up caregivers available when needed)?

_____ C. Caregivers are always present, but do not live in the home.

_____ D. Caregivers are always present, and at least one lives in the home.

Please use this space for notes you may want to make:

Planning Questionnaire #2:
HOUSEMATE COMPATABILITY

In most cases, people leaving a State Center to live in the community will not have to share a bedroom. But it is likely that they will be sharing their home with at least one other person who also has a disability. Therefore, housemate compatibility is very important to think about. Poor housemate matches do not make for successful community placements.

Who we live with matters a lot. Even if we don't need to have a close relationship with a housemate, people need to get along and co-exist in the home. Ideally, people who share the same space will enjoy being together. At a minimum however, people should feel comfortable and safe with each other.

When thinking about how many, and which housemates a person may prefer, it's important to think beyond what the person's current experience is. Very often, people who have never lived with just one or two others adapt very well to a smaller home, and guardians conclude the person actually prefers this. And keep in mind that even though most of us like being with others and socializing, we don't usually choose to share our home with a lot of other adults.

Questions to ask yourself to determine what kind of housemates (and how many) might be best for the person you represent:

1. Does the person prefer and respond better to:
   ____ Being in a large group?
   ____ Being in a group of just a few other people?
   ____ Being alone or with one other person?

2. Does the person prefer and respond better to:
   ____ A quiet, peaceful atmosphere?
   ____ A noisy, busy atmosphere?

3. Does the person prefer or respond better to:
   ____ Other people with disabilities?
   ____ People without disabilities?

4. Does the person prefer or respond better to:
   ____ People who are quiet and calm?
   ____ People who are active and expressive?

5. Given your answers to the questions above, how many other people with disabilities do you think the person would do best with? (circle one)

   None 1-2 3-4 5 or more

Planning Questionnaire #2:
HOUSEMATE COMPATABILITY

6. Do you or the person have strong preference regarding the gender of housemates?
If yes, list them here.

7. Do you or the person have strong preference regarding the age of housemates?
If yes, list them here.

8. Do you think the person would enjoy living with others in the house who may have more severe disabilities, or would the person prefer not to live with people who have more severe disabilities?
____ Would enjoy living with people with more severe disabilities.
____ Would prefer not to live with people with more severe disabilities.

9. Would the person be passive, assertive, or aggressive if someone tried to "invade their space" or take something of theirs? Please check all that apply.

____ Passive ____ Aggressive ____ Assertive ____ Not Sure

10. At the State Center, does the person need the staff to protect them from other residents? If yes, what kind of protection does the staff provide?

11. What, if any, behaviors in others does the person find hard to tolerate?

12. What, if any behaviors does the person have that others may find hard to tolerate?

Planning Questionnaire #3:
HOUSING OPTIONS

Examples of the types of housing that people who need 24 hour support currently live in:

Single-family home
Duplex
Condominium Unit
Apartment
Larger property with 5-8 bedrooms

Questions to ask yourself to determine what kind of housing option might be best for the person you represent:

1. What special features must the home have?

   Physical Accessibility Features
   Examples (circle any that apply):

   A. Access for wheelchair _____Normal size

      _____ Oversize

   B. Accessible shower/bathroom, grab bars, roll-in shower, shower chair, raised toilet, room for hoyer lift.

   C. No steps to enter or get around the home.

   D. Handrails in hallways, stairways, and at entry to home.

Please list other required accessibility features here:

Planning Questionnaire #3:
HOUSING OPTIONS

Safety Features
Examples (circle any that apply):

A. Reinforced glass in window and doors.
B. Alarms on exterior doors to signal staff if a door is opened.
C. Back-up generator in case of power outage.

Please list other required safety features here:

2. What features, if available, would suit the person's needs and preferences?

Examples (check all that apply):

____Yard area for outside activities. Fence/gates: ____necessary ____not necessary

____Garage to accommodate accessible vehicle.

____Extra room for special purpose (relaxation, special equipment, etc.)

____Front porch for watching the world go by.

____Spacious home for active person.

____Large bedroom to accommodate special equipment.

____More than one bathroom.

Please list other features you think would be important for the person to have:

Planning Questionnaire #3:
HOUSING OPTIONS

3. Would you like to be able to change the staffing and care provider, if this becomes necessary, without the change forcing the person to move out of the home?

   If yes, consider the following options that do not involve the care provider owning or controlling the housing:

   A. Renting a suitable home from a local landlord or from a non-profit organization that specializes in providing housing to people with disabilities.

   B. Exploring the possibility of yourself or a family member owning the home as an income property, and renting it to either the person and their housemates, or to the residential care provider.

   C. Exploring the possibility of the person being named on title of a home you or a family member would purchase, in order to access special loan and grant programs available to people with disabilities.

   D. Utilizing a housing trust to provide a permanent home for the person.

Note: To explore how each of these options might work, or to get specific advice on housing options, we recommend you call:

Wisconsin Initiatives in Sustainable Housing, Inc.
A supporting non-profit organization to the ARC Wisconsin.
Toll-Free 1-888-894-9646

4. What, if any special layout would the home need to have to meet the specific needs of the person?

5. What, if any special furnishings would be required in the home?

Planning Questionnaire #4:
LOCATION OF THE HOME

People receiving 24 hour support currently live in a large number of cities, towns, and villages around the state. Every county supports some people with significant disabilities that live in their county. Not surprisingly, the largest number of people live in larger urban areas, where public transportation (including accessible transportation) is often available. When people live in less urban areas, transportation is arranged as part of the transition planning process. If required, a transition plan should include access to an accessible vehicle. In other situations, private taxi or specialized transportation services are available. Sometimes, direct care staff transport people in their own vehicles, with enhanced insurance coverage provided by the community residential agency.

Some of us are city folk, some country folk, and some small town folk. Where we grew up typically has a big influence on where we choose to live as adults. People often prefer an area that feels familiar to them.

Questions to ask yourself to determine what location would be best for the person you represent:

1. Are there certain places that would make it easier for people who have positive relationships with the person (e.g. you, family members, friends, committed staff, etc.) to maintain contact with them? If yes, list those preferred places here:

2. Has the person lived in a particular place in Wisconsin in the past, where they might still have some connections and some familiarity? If yes, list the place(s) here:

3. Given the person's life experience, do you think the person would be more comfortable living in:
   _____ An urban area
   _____ A rural area
   _____ Something that is in-between urban and rural.

Planning Questionnaire #5:
ACCESS TO MEDICAL, DENTAL, & OTHER HEALTH-RELATED SERVICES

Examples of ways people living in the community are receiving the medical and dental care they need:

- Using local family practice doctors with referrals to specialists if necessary.
- Using local hospitals for emergency care, in or out-patient care, surgery, or other clinical care needs.
- Having a visiting nurse come to the home to provide regular medical check-ups and monitoring such as:
  - Reviewing the medical care plan & records for the person to assure that they are being followed.
  - Reviewing the medications the person is taking and medication logs kept by staff.
  - Providing in-home treatment as needed, such as physical therapy.
  - Giving staff advice and direction regarding specific medical issues and treatment strategies.
  - Doing general wellness assessments.
- Occupational therapy, physical therapy, speech therapy, or other therapy programs may be available within the hospital or clinic setting, or available through various contracted medical agencies.
- A therapist may recommend that some scheduled therapies be replaced with community activities that achieve the same results, such as: replacing physical therapy with swimming or exercise classes geared to the person; replacing speech therapy with group activities that encourage speech and conversation.
- Using local dentists and dental specialists for routine care.
- Using the dental clinic at a State Center if local dentists are not available.
- Using local optometrists for routine eye care and vision aids.
- Using local podiatrists for foot related assessments and care.
- Use of other facilities or clinics for specialized medical evaluations and treatment, such as: the Waisman Center, Marshfield Clinic, University Hospitals, the Medical College of Wisconsin, etc.

How people living in the community are transported to medical, dental and health-related appointments:

- Individuals are accompanied by direct care staff or case managers when going to appointments.
- Public and private community transportation companies are available to provide accessible transportation, including transportation for people in wheelchairs, and bill the cost to the Medical Assistance program.
- Transportation may be provided by residential providers using agency-owned or staff-owned vehicles.
- Family members may provide transportation to appointments. In some cases they may also wish to attend appointments with the person.

Questions to ask in order to determine what medical, dental, or specialized services the person you represent would need access to:

1. Would the person prefer a male or female health care providers (e.g. family doctor, dentist, visiting nurse, therapist, dietician, etc.)

Planning Questionnaire #5:
ACCESS TO MEDICAL, DENTAL, & OTHER HEALTH-RELATED SERVICES

2. What health conditions would the medical provider need to have specific expertise or experience in to effectively diagnose and treat the person?

3. What is the maximum travel time that the person can tolerate for getting to or from the medical or health appointment?

4. What specific staff support would the person require when attending medical, dental or health-related appointments?

   Should the staff be a particular gender?
   Does the person need more than one staff person to provide support?

5. In your opinion, what are the medical, dental, or health related services that the person is <u>not</u> currently receiving that the person <u>should</u> be receiving.

6. What kind of transportation would the person require to get to medical, dental and other health-related appointments? (check all that apply)

   _____ Wheelchair accessible transportation would be required.
   _____ Car or taxi would be okay.
   _____ Public bus would be okay.

7. Should the medical services be located where guardians or other family members live so they can easily be involved in the care decisions?

   Absolutely If Possible Not Important

Please list any additional requirements:

Planning Questionnaire #6:
ACCESS TO COMMUNITY LIFE AND RELATIONSHIPS

In the community, there should be lifestyle choices available for the individual, and those choices should be supported by the residential provider and their staff. You, as the legal guardian, should be given an opportunity to explore these options and determine which ones best address the preferences, desires and needs of the person.

Note: Vocational programs (including employment opportunities and day services) are covered in a separate Guidebook. This planning questionnaire helps you explore how the person should have an opportunity to pursue relationships and activities outside of these programs, during their free time on evenings, weekends and holidays.

Questions to ask yourself to determine what options for community involvement and relationships you would want to be available to the person:

1. Educational opportunities.

A. Is the individual currently taking part in an educational program that should be continued, or is there a new educational program that would be beneficial to the person?

B. What type of educational program would the person enjoy?
Some Examples Include:
- Reading and Writing
- Basic Math and Money Skills
- Cooking
- Music-Related (dancing, singing, instruments)
- Crafts
- Photography
- Art
- Sports

Please list your ideas here:

C. What approach to education might the person most enjoy?
_____ A group program (e.g a class),
_____ An individual program (e.g. a tutor or one-on-one instructor)
_____ Some other approach. Please list comments below.

Planning Questionnaire #6:
ACCESS TO COMMUNITY LIFE AND RELATIONSHIPS

2. Recreational opportunities.

A. What activities would be of interest and fit the abilities/capabilities of the individual?
Some Examples Include:

- Attending sporting events, such as baseball, basketball, or hockey games.
- Attending cultural events, such as music concerts, theater, festivals, etc.
- Being part of more casual activities such as visiting the mall or local markets, taking walks, visiting local parks, watching parades.

Please list your ideas here, and also list any activities that the person enjoyed before or after they went to live at the State Center:

B. What kind of recreational activities would the person enjoy participating in at their residence?
Some Examples Include:

- Games (indoor or outdoor)
- Cook outs or seasonal parties
- Watching movies of interest
- Gardening
- Caring for a pet
- Baking
- Crafts

Please list your ideas here, and also list any home-based activities the person enjoyed before or after they went to live at the State Center.

Planning Questionnaire #6:
ACCESS TO COMMUNITY LIFE AND RELATIONSHIPS

C. Is it important for the individual to be involved in fitness and sports related activities?
Some Examples Include:

- Swimming at the local pool (heated pool if necessary)
- Exercise classes geared toward age and ability of person
- Special Olympics
- Fishing (using adaptive equipment if necessary)
- Cycling (using adaptive equipment if necessary)

Please list your ideas here, and also list any sports-related activities the person was involved in before or after they went to live at the State Center:

3. Religious opportunities.

A. Is it important to the individual and family that the person takes part in religious activities, such as worship service attendance or other events?

If yes, please list any religious affiliations that the individual requires.

List religious activities you think the person would enjoy, and also list any religious activities the person was involved in before or after they went to live at the State Center.

Planning Questionnaire #6:
ACCESS TO COMMUNITY LIFE AND RELATIONSHIPS

4. Opportunities to maintain family relationships.

A. How important is it to the individual and family members that there be opportunities for the person to visit with the family at a family member's home?

How often should these opportunities be planned?

B. Does the individual or family also want to plan visits with each other that occur at the person's home?

How often should these opportunities be planned?

5. Opportunities to maintain current relationships, or develop new relationships.

A. Of all the relationships and friendships the person may have at the State Center, which are most important to continue and maintain, even after the person moves to the community?

B. How would you like the residential care provider to support and facilitate the continuation of these relationships?

Please list your specific suggestions here:

Planning Questionnaire #6:
ACCESS TO COMMUNITY LIFE AND RELATIONSHIPS

C. What kind of new relationships might the person be interested in or really benefit from?
Some Examples Include:

- Positive relationships with neighbors
- A relationship with someone who shares a similar hobby or interest
- A relationship with a citizen advocate who will look out for the person
- A relationship with a local faith community, church, synagogue, parish
- A relationship with a family member that the person has lost touch with
- A relationship with a family member the person has never met before

Please list your ideas here:

6. Opportunities to contribute to the community.

A. Can you think of ways the person could contribute to others or to the community?
Some Examples Include:

- Volunteering
- Planting a nice garden for passersby to enjoy
- Making crafts or other items to donate
- Helping with small tasks around the house or neighborhood.

Please list your ideas here, and also list the ways that the person contributed to the family or the local community prior to or after going to live at the State Center:

B. Does the individual desire, and are they able to take part in groups, committees, or advocacy organizations that benefit people with disabilities living in the community?

YES NO NOT SURE

7. Opportunities to relax on an individual basis.

A. Is it important for the person to have time to themselves, where the person can just relax?

YES NO NOT SURE

Planning Questionnaire #7:
OTHER IMPORTANT CONSIDERATIONS UNIQUE TO THIS PERSON

What health concerns of the person need to be considered within the living arrangement, such as:

- Allergies to animals, pollens, foods, smoke, fabrics, chemicals, or other things that may trigger health problems.

- Visual impairments, hearing impairments, or other physical constraints

Please list specific concerns here:

Are there any other unique preferences or needs that should be considered, such as:

- Does the person have any communication limitations that may require special speech interpretation methods, communication devices, or staff knowledge, such as sign language etc.

- Does the person require or prefer a smoking or a non-smoking environment.
  ____Requires a non-smoking environment
  ____Prefers a non-smoking environment
  ____Requires an environment where smoking is permitted
  ____Prefers an environment where smoking is permitted

- Does the person require that special diet programs be followed to avoid instances of choking, weight problems, or nutritional deficiencies.

Please list any other unique needs and preferences specific to the person:

The Three Most Common Community Residential Support Models

The models described in this section were first created to meet the unique needs of a specific individual. Then, when it became clear the model was working well, others began using it. But it all began by thinking about a specific person and imagining the living arrangement that would work best for that person.

The three "general" models described below are routinely individualized and customized for each person being supported. It would be impossible to describe all of the ways this has been done, but we try to mention some to give you a sense of what is possible.

1. Adult Family Homes (AFH): 1 to 2 Person AFH, or 3 to 4 Person AFH

1 to 2 Person AFH : In this model, the person lives in the home of an individual, couple or family, trained to provide the person's residential care and support. Normally, 1 to 2 people with disabilities live in the home

Detailed Information: The **1 to 2 Person AFH** is a small, individualized community residential option, where the care and support provider is an individual, couple, or family who has opened their home to a person with a disability. The amount of support provided, and the number of staff involved besides the owner(s) of the home, depends on the unique needs of the individual being supported. The owner of the home is responsible for finding and hiring other staff that are needed to provide routine support and back-up support, if a staff member is ill or on vacation. Typically, the providers use other adult family members or friends as staff or back-up staff, because they believe they can trust them to be as conscientious and caring as the providers are.

Some providers also organize the person's vocational or weekday activities so the person has the same support staff during the weekdays as she or he has during evenings and weekends.

Many providers are equipped with the training and skills to provide care for people with complex needs. If required, all necessary equipment is provided at the time of transition, including ramps, hoyer lifts, oxygen systems, back-up generators, etc. People who need specialized care for medical conditions may also be served by the providers. Visiting nurses are available if needed, to do in-home supervision of medical care.

Transportation to and from appointments, activities or work outside the home varies. The provider might transport the person. Public transportation may be arranged by the provider if it is available in the local area. Specialized (i.e. wheelchair accessible) public or private transportation may also be available, and can be arranged by the provider. If people need to be accompanied by staff when traveling somewhere, the provider or their staff would travel with the person.

If a provider is unable to continue in this role, one of two things typically happens:

1. Another person or couple, interested in having the person live with them in their home, could become certified as a provider and the person could move to live with them. Usually, the people who are most interested are people who are already involved in providing care and support to the person, through acting as back-up or supplemental staff for the original provider.

2. If the original provider has to move, they may be able to sell the home to someone else interested in providing services for the residents with disabilities living there. The new owner would become certified as a provider, and this solution would not require the individuals with disabilities to move to a new home.

If neither of these solutions are possible, another model of support would be pursued.

1 to 2 Person AFH's Work Well When:

- There is a good match in terms of personality and affability between the individual and the provider.
- The individual responds positively to being part of a family, a family atmosphere, and a family way of life.
- The individual responds most positively to living in a typical family home environment.
- The individual does not do well living with a number of other people with disabilities for some reason, including the following examples:

  -- The behaviors of other people with disabilities can easily agitate or distress the individual.
  -- The individual needs staff protection from other people with disabilities.
  -- The individual views other people with disabilities as a threat or competition.

- The home location is ideal for the individual and their family, and is in a place where the other two models of community residential support are not typically available.

It makes sense for a provider to also provide vocational services when:

- The individual responds best to having the same support staff during the weekdays as they have during evenings and weekends (not having too many different support staff involved in their life).
- The individual does not respond well to group settings, involving a number of other people with disabilities.
- The individual responds well to small group activities, at home or in the local community.

3 to 4 Person AFH: In this model, the individual usually lives in a single-family home, duplex, or condo. The staff provide 24 hour support and are there whenever the residents are at home. The staff also support the residents when they are taking part in community activities, going on vacation, and pursuing relationships that are important to the residents. Normally, in this model an individual shares the home with 2-3 other people with disabilities who need similar levels of care and support.

Detailed Information: The **3 to 4 Person AFH** is a small, individualized community residential option, where the care and support provider is a community residential agency that provides care and support staff whenever the residents are not participating in a vocational or day program. The community residential agency owns the residence, which may be a single-family home, duplex, or condo.

The residential agency provides trained staff and supervises the direct care staff supporting the people with disabilities. This support includes help with managing money (including representative payee services), personal care activities, obtaining needed medical and dental care, taking part in community activities, and all routine aspects of daily living (e.g. cooking, cleaning, laundry). The staff provides more intensive support and care to residents that have more significant disabilities. The staff is present to provide support and care to the people on a 24 hour basis, 7 days a week, including overnight. A house manager supervises and coordinates the staff who work in the home on a pre-determined shift schedule. The level of support and care depends completely on the needs of the people living there.

Community residential agency staff are recruited by the providing agency and trained to give the level of care needed for the people living there, including those with complex needs. If required, all necessary equipment is provided at the time of transition, including ramps, hoyer lifts, oxygen systems, back-up generators, etc. Residents who need additional specialized care for medical conditions can be served in the home by visiting nurses or other specialized medical professionals. Some community residential agencies have nurses on staff to monitor the care provided by the direct support staff.

Community residential agencies also provide or coordinate residents vocational or weekday activities. Typically, vocational and day program opportunities are provided by other agencies that specialize in providing these types of programs.

Transportation to and from appointments, activities or work outside the home is coordinated by the residential provider. Staff might transport the person, using a provider owned vehicle, their own vehicle, or on Public transportation. Specialized (i.e. wheelchair accessible) transportation is arranged by the residential agency staff. If residents need to be accompanied by staff when traveling somewhere, the agency staff would travel with the person.

If a residential provider is unable to continue in this role, one of two things typically happens:

1. Another residential agency would purchase the home and the new provider would continue with the support and care of the residents. This solution would not require the individuals with disabilities to move to a new home.

2. If the new agency could not provide the necessary support for any of the residents, then the resident may have to move to another home supported by a different provider, or another model of support would need to be pursued.

3 to 4 Person AFH's Work Well When:

- There is a good match in terms of personality and affability between the individual residents, the provider staff, and available programs.
- The individual responds positively to being part of a small group of people receiving support, and can still get the individual attention that they need.
- The individual does not respond well to living with people that have a wide range of non-similar disabilities such as:

  -- The behaviors of other people can easily agitate or distress the individual.
  -- The individual needs staff protection from other people.
  -- The individual views other people with disabilities as a threat or competition.
- The home location is ideal for the individual and their family, and is in a place where it is convenient to other supports or services required by the individual.

It makes sense for a provider to also provide vocational services when:

- The individual responds best to having the same support staff during the weekdays as they have during evenings and weekends (not having too many different support staff involved in their life).
- The individual does not respond well to larger group settings, involving a number of other people with disabilities.
- The individual responds well to small group activities, at home or in the local community.

2. Supported Living

Brief Description: In this model, the person lives in a single-family home, duplex, condo, or apartment with come-in support staff or a mix of come-in and live-in support staff. If a person needs 24 hour support, the staff are there whenever the person is at home. The staff supports the person and their housemates to take part in community activities, go on vacation, and pursue relationships that are important to the person. In this model, a person shares the home with 1-2 other people with disabilities who also need the same level of care and support. In rare cases, people who cannot share with other people with disabilities will live alone with 24 hour staff support.)

Detailed Information: The **Supported Living Model** is a small, individualized community residential option, where the care and support provider is a community residential agency that provides staff whenever the person is not participating in a vocational or day program. The community residential agency helps the person and their housemates find appropriate and affordable rental housing, which may be a single-family home, apartment, duplex, or condo. This model differs from the AFH model in that the housing is not owned by the residential agency.

The residential agency provides trained staff and supervises the direct care staff supporting the people with disabilities. This support includes help with managing money (including representative payee services), personal care activities, obtaining needed medical and dental care, taking part in community activities, and all routine aspects of daily living (e.g. cooking, cleaning, laundry). Where people have more significant disabilities, staff provide more intensive support. Each resident is encouraged to participate in home activities as they are able. Sometimes, one or two staff live in the home, with the people with disabilities. These staff are called "live-ins". They generally provide support to the people overnight, in the morning, and on weekends, while staff who do shifts provide support the rest of the time. Some homes have just shift staff, and no live-in staff. It depends completely on the needs of the people living there. When necessary, waking night staff may also be part of the staffing provided to the individuals with disabilities.

Community residential agency staff are recruited by the providing agency and trained to give the level of care needed for the people living in the home. If required, all necessary equipment is provided at the time of transition, including ramps, hoyer lifts, oxygen systems, back-up generators, etc. People who need specialized care for medical conditions can be served in the Supported Living Model. Visiting nurses are available if needed, to do in-home supervision of medical care. Some community residential agencies have nurses on staff to monitor the care provided by the direct support staff.

In some cases, the residential agency will also provide vocational or weekday activities if it makes particular sense for the person, given the other options available. Typically however, vocational and day opportunities are provided by a separate vocational agency. Transportation to and from appointments, activities or work outside the home varies. The residential provider staff might transport the person, using their own vehicle. Public transportation may be arranged by the staff if it is available in the local area. Specialized (i.e. wheelchair accessible) public or private transportation may also be available, and can be arranged by the residential agency staff. If people need to be accompanied by staff when traveling somewhere, the agency staff would travel with the person.

Supported Living Works Well When:

- The person responds most positively to living in a typical home or apartment environment.
- The person does not do well living with a number of other people with disabilities for some reason, including the following examples:

  -- The behaviors of other people with disabilities can easily agitate or distress the person.
  -- The person needs staff protection from other people with disabilities.
  -- The person views other people with disabilities as a threat or competition.

- The person will do better living with one or two other people with disabilities, rather than in a family-style arrangement.
- The best location for the person happens to be an area where there is rental housing available that would suit the person (e.g. single-family homes; duplexes; or apartments).
- There is a desire to ensure that if a change in residential agency is necessary at some point, this change can be made without requiring the person to move.
- There is a desire for the person, or a guardian or family member, to own the home that the person lives in, so that long-term stable housing is available.

It Makes Sense for a Residential Agency's Staff to Also Provide Vocational Services When:

- The person responds best to having the same support staff during the weekdays as she or he has during evenings and weekends (not having too many different support staff involved in their life).
- The person does not respond well to group settings, involving a number of other people with disabilities.
- The person responds well to small group activities, at home or in the local community.

Differences Between the Supported Living Model and the Adult Family Home Models:

- In the Supported Living Model, the person lives in a home that they rent or own. The home is not owned by the provider of care and support. If a guardian feels that they want to change who provides the care and support for the resident, the person does not have to move.
- The Supported Living Model is more like an adult living situation, where a few adults share a home or apartment. The adults living there feel that the home is theirs, rather than feeling that they are living in someone else's home.
- In the Supported Living Model, the people with disabilities sharing the home are the primary focus of the household, rather than the family. When the staff are there, they are focused solely on supporting the people with disabilities to do what they want and need to do.
- Where a number of people have to be supported in close proximity, the supported living model offers the option of a duplex arrangement, where a team of staff are shared by the people with disabilities who live on either side of the duplex, instead of all of those folks with disabilities having to live in one big home.

If a community residential provider is unable to continue serving someone at some point, another provider is typically available to contract with the county and assume the role of providing the staff in the Supported Living Model.

3. Community-Based Residential Facility (CBRF)

Brief Description: In this model, the person lives in a larger facility that has 5 to 8 people with disabilities living there. The property is owned by the residential agency providing the care and support staff. If the people need 24 hour support, the staff are there whenever the people are at home. The staff also supports the residents when they take part in community activities, go on vacation, and pursue relationships that are important to the person.

Detailed Information: The **CBRF** is a larger community residential option , where the care and support provider is a community residential agency. The agency provides care and support staff whenever the residents are not participating in a vocational or day program. The community residential agency owns the living facility which generally is a larger single family home, or a larger independent facility capable of housing the residents.

The residential agency provides trained and supervised direct care staff to support the people with disabilities. This support includes help and supervision with managing money (including representative payee services), personal care activities, accessing medical and dental care, taking part in community activities, and all routine aspects of daily living (e.g. cooking, cleaning, laundry). The staff provides more intensive support and care to residents that have more significant disabilities. Like the other models, the staff is present to provide support and care to the people on a 24 hour basis, 7 days a week, including overnight, if necessary. The level of support and care depends completely on the needs of the people living there. House managers supervise the staff who work in the home on a pre-determined shift schedule, or on a live-in basis.

Community residential agency staff are recruited by the providing agency and trained to give the level of care needed for the people living there, including those with complex needs. If required, all necessary equipment is provided at the time of transition, including ramps, hoyer lifts, oxygen systems, back-up generators, etc. Residents who need additional specialized care for medical conditions can be served in the home by visiting nurses or other specialized medical professionals, and some community residential agencies have nurses on staff to monitor the care provided by the direct support staff.

Community residential agencies also provide or coordinate residents vocational or weekday activities. Typically, vocational and day program opportunities are provided by other agencies that specialize in providing these types of programs.

Transportation to and from appointments, activities or work outside the home is coordinated by the residential provider. Staff might transport the person, using a provider owned vehicle, their own vehicle, or on Public transportation. Specialized (i.e. wheelchair accessible) transportation is arranged by the residential agency staff. If residents need to be accompanied by staff when traveling somewhere, the agency staff would travel with the person.

If a CBRF provider is unable to continue in this role, one of two things typically happens:

1. Another residential agency would purchase the facility and the new provider would continue with the support and care of the residents. This solution would not require the individuals with disabilities to move to a new home.

2. If the new agency could not provide the necessary support for the residents, then the resident may have to move to another home supported by a different provider, or another model of support would need to be pursued.

Differences Between the CBRF Living Model and the Other Living Models:

- The main difference between CBRF's and the other living models is the number of residents that are supported within the facility.
- The CBRF also provides staff expertise, such as having nurses available in order to provide for the complex care needs of the residents. The CBRF are scheduled to meet the needs of the residents. In the CBRF, the home is provided by the residential agency. As with the 3 to 4 person AFH model, as long as the person is satisfied with the residential agency and their support, they can feel comfortable living in the home.

The CBRF Model Works Well When:

- As in the other living models, there are available programs for the residents so they have the opportunity to interact and respond to others and receive also receive individual attention.
- The individual responds well to living with a group of other people with disabilities.
- The location of the CBRF is ideal for the individual and is in a place where it is convenient to the other services and support required by the individual.

Conclusion

Always remember, you know the person you represent in a unique way. Maybe others know them better; maybe not. But keep in mind, you have an important role in any planning or review process for the person. You are part of the team. And it is important is to consider the collective "team" knowledge of who the person is, and what their needs and preferences are. When the person's unique needs and preferences are kept at the center of the planning, the chances for a successful result are greater.

A person-centered approach to choosing the best community residential arrangement shows respect for the person you represent as well as respect for you as the guardian. Experience tells us that when the person and the guardian take active roles in the planning process to decide the best living arrangement, it increases the odds for a positive outcome.

Think of the person and think about what a good life would look like for them. Despite the challenges that the person faces, what are the things that would make them feel most happy, most content, most secure, and most positive about themselves. What is important to the person? Your input into decisions around home life, community activities, transportation, vocational activities, and relationships will be vital to any planning process.

In this Guidebook, we have tried to present a variety of ways people with developmental disabilities can be supported in the community and have good, meaningful lives, where "home" is comfortable, safe, and reflects the desires of the individual.

Wisconsin has been a pioneer in developing a community support system based on the belief that people with developmental disabilities can not only live in, but also be contributing members of, their communities. Time and time again, all over the state, we have seen this happen. Individuals with disabilities are discovering (or rediscovering) what life in the community has to offer, and just as importantly, communities are discovering what people with disabilities have to offer.

Checklist for Evaluating Potential Community Residential Options

Note to Guardians: Consider using this checklist to ensure you find out all critical information you need to know about a potential community residential placement. Take this checklist along when you visit a potential placement so you can use it as a guide for interviewing the residential provider staff and taking notes on what you learn. Make copies so you can use one for each potential placement that you visit. Remember, you should be given more than one option! If you aren't offered more than one option, ask to see other options!

General Information:

A. Agency/Provider Name: _____

Name of Residence (if any): _____

Address of Residence: _____

Contact person: _____ Phone #: _____

B. Staffing Patterns:

How many staff members are generally assigned to work in the residence? _____

What is the typical consumer to staff ratio? _____

If shift staff are used, what is the number of staff per shift:
First Shift _____ Second shift _____ Third shift ____

Are live-in staff used, come-in or shift staff used, or a combination used? _____
Are there staff in the home at night? _____

--Is the night staff awake or sleeping during the night? _____

C. What specific disabilities, support needs, health conditions or behavioral issues are the staff are trained and equipped to address:

_____

_____

_____

D. Meals

How are menus decided? To what extent can people choose what they want to eat? _____

_____

How are special diets, allergies or other food-related issues handled? _____

_____

How is food shopping done? Can the consumers participate in this? _____

_____

E. Home Layout and Accessibility:

Is the residence completely accessible & adaptable to adequately support the physical needs of the consumers living there? _____

_____

Does each resident have their own bedroom? _____

How many bathrooms are there? _____ Are they accessible? _____

What has been done to make the home (and yard, if any) accessible and safe for the consumers?

_____

Is the home clean, comfortable and spacious enough for the number of people living there? _____

F. Weekday Program or Activities:

Does the agency provide in-home or community-based day program or activities? _____

If yes, what types of programs or activities are offered? _____

_____

If no, what do consumers do during the weekdays? _____

_____

G. Evening and Weekend Program or Activities:

What types of programs or activities are offered? _____

Are activity logs kept to indicate what programs and activities were attended? _____

H. Religious Opportunities:

If the person wants to be involved in religious activities, how is this supported?

_____

I. Vacation and Holiday Activities:

How does the agency support the consumers for vacations?_____

_____

How are holidays and birthdays typically celebrated? _____

_____

J. Family Visits and Contacts:

What is the procedure if the family wants to visit the resident? _____

What if the family would like the person to come and visit them? _____

_____

How does the staff and agency encourage family contact and relationships? _____

_____

How does the staff and agency keep the family informed and involved? _____

_____

K. Transportation:

How does the staff and agency ensure the person can get out for appointments, activities, etc.?

_____

How is transportation provided in an emergency situation? _____

_____

Must the person pay anything toward the cost of transportation? _____

If the person needs staff supervision and assistance to travel, does the staff accompany the person?

_____

L. Healthcare:

Is the person/guardian offered a choice of doctor, dentist, etc. _____

_____

Is the guardian informed about medical appointments in advance so the guardian can attend if desired?

_____

Is the guardian asked to sign a consent form before medication changes are made? _____

Is the guardian asked to sign a consent form before psychotropic medications are used? _____

_____

Does the consent form include an explanation of the purpose of the medication, the dosage, and possible side effects? _____

Who is responsible for administering medication? Are these individuals trained to administer medication and to keep a log documenting administration of medication? _____

_____

Administration & Record-Keeping

A. Does each consumer have a written, individualized support plan, that includes individualized services appropriate to the person's needs?

_____

How often is this updated, to take account of a person's progress or new issues that may arise?

_____

Are guardians and family involved in creating and updating the plan? _____

Are special instructions and procedures regarding court ordered services or the use of restrictive measures clearly written up for the staff and dated/signed by the legal guardian?

_____

B. How is the consumer's money handled & is the person involved in handling money?

_____

How often does the guardian get a statement summarizing deposits and expenditures? _____

C. Does the staff maintain a list of the person's personal possessions? _____

D. How does the owner or the residential agency ensure that they are following all of the rules and regulations set by Medicaid, the State, or the County?

_____

E. Are records about the individuals kept in a way that ensures confidentiality? _____

F. How are staff recruited and hired? _____

G. How are staff trained and supervised? _____

H. What qualifications and training does the supervisor have? _____

I. How often are staffing levels reviewed to ensure there is adequate staffing? _____

J. What happens if a staff member quits or calls in sick unexpectedly? _____

K. How does the staff and the agency address any crisis that may occur: _____

_____

L. How does the staff or the agency keep the guardian informed and involved? _____

_____

_____

M. How does the agency ensure the guardian and consumer are satisfied with the service being provided?

_____

Interagency Contacts and Collaboration

A. How often does the staff and agency typically have contact with case manager(s) for the consumer?

_____

B. Does the care staff or agency notify the case manager of concerns, new or changing needs, and new plans of action that the staff intends to pursue? _____

C. Does the care staff or direct supervisor of the care staff go to planning meetings for the person that are held by other service providers (e.g. vocational providers)? _____

Additional Notes:

END OF GUARDIANS GUIDEBOOK TO COMMUNITY SERVICES